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PTO/SB/01 (12-97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
OMB Control Number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number **348-069**

First Named Inventor

COMPLETE IF KNOWN

Application Number /

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ROOFING INFORMATION INDICATING DEVICE

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY) **04/14/2003**

as United States Application Number or PCT International

Application Number **PCT/GB03/01558** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.58.

I hereby claim foreign priority benefit under 35 U.S.C. 119(a)-(d) or 385(d) of any foreign application(s) for patent or inventor's certificate, or 386(c) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
0208541.3	GB	04/13/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
		<input type="checkbox"/>

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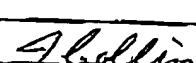
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 385(c) of any PCT international application designating the United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which becomes available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)	
<input type="checkbox"/> Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input checked="" type="checkbox"/> Customer Number 001009 → <input type="checkbox"/> Practice Customer Number Bar Code Label here <input type="checkbox"/> OR <input type="checkbox"/> Registered practitioner(s) name/registration number listed below			
Name	Registration Number	Name	Registration Number
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.			
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		001009	<input type="checkbox"/> OR <input type="checkbox"/> Correspondence address below
Name			
Address			
Address			
City	State	ZIP	
Country	Telephone (859) 252-0889	Fax (859) 252-0779	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle if any) John William		Family Name or Surname Collins	
Inventor's Signature 	Date 11/10/04		
Residence: City Cardiff	State GB	Country UK	Citizenship GB
Post Office Address The Barn, Mill Lane, Castleton, Cardiff, United Kingdom CF3 2UT			
Post Office Address 			
City Cardiff	State 	Zip CF3 2UT	Country UK
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto			

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ADDITIONAL INVENTOR(S)

Supplemental Sheet
Page 1 of 1

DECLARATION

Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
John Raymond	Collins		
Inventor's Signature	Date <u>11/10/04</u>		
Residence: City <u>Cardiff</u>	<u>GB</u>	Country <u>UK</u>	Citizenship <u>GB</u>
Mailing Address	The Barn, Mill Lane, Castleton, Cardiff, United Kingdom <u>CF3 2UT</u> CF3 2UT		
Mailing Address	<u>GB</u>	<u>CF3 2UT</u>	Country <u>UK</u>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	<u>GB</u>	Country	Citizenship
Mailing Address			
Mailing Address	<u>GB</u>	<u>CF3 2UT</u>	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	<u>GB</u>	Country	Citizenship
Mailing Address			
Mailing Address	<u>GB</u>	<u>CF3 2UT</u>	Country

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